Substance Abuse and Mental Health Services
An Office of the Department of Health and Human Services

Paul R. LePage, Governor Mary C. Mayhew, Commissioner

The Office of Substance Abuse and Mental Health Services (SAMHS)

presents

Daily Living Support Services

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Training Goals

- Understanding scope of services & level of care
- Expectation of service delivery & coordination of care
- What is progress?
- Implementing natural supports
- Recommended documentation of services provided

APS Data and Current Trends

- APS stopped clinically reviewing DLSS in July 2010. All initial request for services submitted to APS are Registrations Only (not Prior Authorizations) and are auto-authorized.
- Under the current practice, if a provider uses up their units before the authorization period is up, they can request more units and that request is also auto-authorized.
- Auto-Authorization of a registration and/or request for more units does **not** indicate that APS Healthcare has clinically approved the hours submitted.

APS Data and Current Trends (cont.)

- According to claims data analyzed by OCQI last year, the overall cost for DLSS went up 32% between FY 2011 & FY 2012, from $11,332,130 to $14,912,022. (3. 5 million higher)
- Average length of stay in the service has risen each year, from 216 days in FY 2010 to 287 days in FY 2011 and 295 days in 2012.
- Because LOCUS scores every 6 months just recently became a requirement (as of July 1, 2013), the first data about this will be available 4/30/2014, in order to have two scores to compare 6 months apart.

Contract Language Rider A

Performance Standards and strategies as of July 1, 2013.

A. Performance-Based Contract Measure Goal: To demonstrate that participating in Daily Living Support Services has improved functioning and independence in the community.

B. Performance-Based Contract Measure: 90% of participants will have a lower LOCUS score at six month intervals after enrollment in the program.

C. Performance- Based Contract Measure Data Source: APS CareConnections

Scope of Services & Clinical Necessity

- Section 17 Eligibility - Eligibility for DLSS no longer includes a threshold GAF. Eligibility now relates to the LOCUS score, “Has a LOCUS score, as determined by staff certified for LOCUS assessment by DHHS upon successful completion of prescribed LOCUS training, of seventeen (17) (Level III)
- When determining level of care, based upon an assessment into services, consider:
  - consumer’s current needs
  - other services consumer is receiving such as Community Integration, ACT services or Day Supports
  - Supporting the consumer in their relationship with their case managers or community integration worker or ACT team.

Maine Care Definitions of Services

Daily Living Supports Services

- Designed to assist consumer to maintain highest level of independence possible.
- Assist consumer to develop and maintain skills of daily living.
- Help consumer remain oriented, healthy and safe.
- Without these services consumer would likely not be able to retain community tenure and would require crisis intervention or hospitalization.
- Support methods include modeling, cueing and coaching.
- These services do not include specialized crisis support services (i.e.: are not a substitute for Crisis Services).
- DLSS are provided by an MHRT-1. Exception that when DLSS includes administration and supervision of medication, CRMA must provide that portion of the service.

Common Reasons for DLSS Referrals

- Upon discharge from hospital to help stabilize consumer by providing time limited DLSS.
- While consumer is waiting for other, more intensive supports such as PNMI. DLSS can be short-term until consumer has transitioned into new placement or when a consumer is waiting for other services.
- Consumer is leaving a family home or PNMI and living independently for first time and needs supports as part of transition to independence, stability and recovery.

Referral for DLSS

- A case manager/community support worker typically first refers consumer for services along with a request for a particular number of hours of utilization.
- DLSS provider conducts an assessment with consumer resulting in the DLSS worker's clinical justification for the designated number of hours of utilization.
- DLSS providers should not provide a service requested by the case manager if they cannot clinically justify the number of hours requested.
- The DLSS provider could recommend more or less utilization and then it's the consumer's choice to decide to use the DLSS provider or to choose another agency.

Personal Supervision and Therapeutic Support Goal Categories

- Support consumer in community integration and independence with banking, grocery shopping, menu planning.
- Support consumer in maintaining their activities of daily living such as personal hygiene areas such as oral hygiene, bathing, and having clean clothes.
- Maintaining your home in order to be healthy and safe examples may be : cooking, cleaning, laundry etc.
- Supporting the consumer in using/developing natural supports and community resources in order to reduce isolation and increase socialization skills.

Personal Supervision and Therapeutic Support Goal Categories (cont)

- Supporting consumer in developing and using coping skills.
- Supporting the consumer in developing and using their processing skills to help consumer remain healthy , oriented and safe.
- MHRT-1 can cue and prompt consumer to take medications as prescribed except that when DLSS includes administration and supervision of medication, CRMA must provide that portion of the services.

Coordination of Care

- Meet with or consult with consumer and consumer's case manager at time of in-take to discuss consumer's current needs, symptoms, progress in existing treatment and how the addition of DLSS will supplement consumer's current treatment and recovery.
- Create both the CI and DLSS treatment plans at the same time, if possible, so that the plans are collaborative and comprehensive.
- For collaborative care to occur, the DLSS goals need to be on the treatment plan, which acts as the consumer's service contract. If the goal is not on the plan, it cannot be worked on.
- Every 90 days at least, or more often if a major clinical change occurs, coordinate with case manager to assess consumer's progress on all goals and to ensure no duplication of services.

Expectation of Service Delivery

- At start of services, begin to develop discharge/transition plan.
- Consider consumer's base line assessment of functioning.
- Consider consumer's learning style and other obstacles to progress.
- DLSS: there is an expectation of decrease in utilization at every 90 day review or clinical documentation as to why a decrease is not appropriate.

What Does Progress Look Like?

- An increase in consumer's ability to perform tasks independently.
- An ability to utilize coping skills i.e. is able to stay out of crisis situations
- Consumer is making progress with recovery.
- A retention of newly learned or re-learned skills.
- Maintenance of stability, not going back into hospital.
- A decrease in crisis calls or assessment with CSU/ER/police.
- An increase in use of natural supports and/or other appropriate community providers and activities i.e.: PCP, therapist, psychiatrist, day treatment, peers supports, employment, volunteering, social clubs, etc.
- A decrease in need of hours/professional support.

Implementing Natural Supports

- Be creative in finding other supports for consumer.
- Explore all possible opportunities for interactions with other people such as church suppers, bingo, stores, adult education, pets, volunteering , etc.
- Document all efforts to connect the individual with peers and other natural supports in the community.
- Continue to try finding other supports throughout entire duration of treatment.
- Always consider: if consumer didn’t have any professional supports, how would they cope?

Recommended Documentation

- Always consider how these goals link back to consumer needs, symptoms, and their recovery.
- Consider how these goals help consumer work on increasing their level of independence
- To work with consumer on their goals using modeling, cueing and/or coaching.

Recommended Documentation (cont)

- Document collaboration of care with case manager and other providers i.e. if a consumer is working on one goal with both the case manager and DLSS worker, indicate on the plan which objectives of that goal are being addressed by which provider.
- Frequency, duration and schedule of services: i.e.: Mon., Wed., Fri., 9-10 am and 2-6 pm. The higher the utilization, the more specific documentation regarding when a consumer is seen and why these days/times in light of other services and/or natural supports in place.

Recommended Documentation (cont)

- Medical and/or substance abuse co-occurrence and whether it is part of DLSS treatment or not.
- Consumer's expectations of treatment.
- If utilization has increased or remained the same, document reason why.
- Other services tried and/or being considered for consumers with high needs such as, ACT LOC, PNMI, assisted living, etc.

APS Auto –Authorizations

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For policy and MaineCare billing questions, please contact:

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Questions ?

Thank you